	TE BOARD OF HEALTH OF VITAL STATISTICS State File No. /O/
STANDARD	CERTIFICATE OF BIRTH Registered No.
y Gila	State Organa
trict or Township	or Village
ly Iloba No	St Word
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Full name of child. Carried Spansa If child is not yet named, make supplemental report, as directed.	
Sex of Child To be answered ONLY 4. Twin, triplet or	r Cher 6. Legitimate? 7. Date 7
hale births. 5. No., in order of	of birth August 1
ull name Oschown Espano	14. MOTHER Full malden name Aug Habeis
. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
3). Color or race	16 Color or race
Myrcan 11. Age at last birthday 36 0	Years) Way Leaw 17. Age at last birthday 36 (Years)
2. Birthplace (city or place) Mulico	18. Birthplace (city or place) Solomoreulle
(State or country)	(State or country)
3. Occupation Nature of industry	19. Occupation Nature of industry
). Number of children of this mother	dive and now living 21. Were precautions taken against oph-
Faken as of time of birth of child herein (b) Born s	thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* hereby certify that I attended the birth of this child, who was to the date above stated (Born alive or stillborn.)	
*When there was no attending physician or midwife, then the father, householder, tc., should make this return. A stillborn hild is one that neither breathes nor lows other evidence of life after birth.	1. C. Hasper physician
ven name added from supplemental report. Month, day, year Address Slobbe Argue	
151-105-380) Filed	2/8 1928 S. E. Wighting
Registrar	Registrar

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